

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ORRINPAC

ADDRESS (number and street)

PO BOX 3986

☐ Check if different than previously reported. (ACC)

Washington

DC

20027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00235572

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

06

01

2014

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STANLEY R. DE WAAL

Signature of Treasurer

STANLEY R. DE WAAL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

17

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORRINPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		400491.98
(b) Cash on Hand at Beginning of Reporting Period.....	515127.36	
(c) Total Receipts (from Line 19)	61495.67	329651.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	576623.03	730143.68
7. Total Disbursements (from Line 31)	65039.75	218560.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	511583.28	511583.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
06		01		2014

To:

M M	/	D D	/	Y Y Y Y Y Y
06		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

14500.00

54500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14500.00

54500.00

(b) Political Party Committees

0.00

338.27

(c) Other Political Committees

(such as PACs).....

42000.00

255500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

56500.00

310338.27

12. Transfers From Affiliated/Other

Party Committees.....

4995.67

19313.43

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

61495.67

329651.70

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

61495.67

329651.70

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	20039.75	93560.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20039.75	93560.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	125000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65039.75	218560.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65039.75	218560.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56500.00	310338.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56500.00	310338.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	20039.75	93560.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	20039.75	93560.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. MICHAEL D. BROMBERG

Mailing Address 140 Riverside Drive
#5K

City State Zip Code
NEW YORK NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Law Office of Deborah Steelman

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 40619.C4696

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Lezlee Hiegel Westine

Mailing Address 7108 Thrasher Road

City State Zip Code
MC LEAN VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Personal Care Products Council

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 40716.C4701

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Fred Hassan

Mailing Address 101 Plaza Real South
Suite 205

City State Zip Code
BOCA RATON FL 33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bausch & Lomb

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4707

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Madeleine Arison

Mailing Address 9999 Collins Avenue
 Apartment 15G

City State Zip Code
 MIAMI FL 33154-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arison Family Foundation

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4718

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Micky Arison

Mailing Address 9999 Collins Avenue
 Apartment 15G

City State Zip Code
 MIAMI FL 33154-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carnival Corp

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4719

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C. Richard Fain

Mailing Address 700 Arvida Parkway

City State Zip Code
 MIAMI FL 33156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Royal Caribbean Cruises

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4720

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

14500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M STREET, NW
 SUITE 540

City State Zip Code
 WASHINGTON DC 20036-5816

FEC ID number of contributing
federal political committee.

C C00130773

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 40716.C4705

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. HCA GOOD GOVERNMENT FUND

Mailing Address ONE PARK PLAZA, P.O. BOX 550

City State Zip Code
 NASHVILLE TN 37202-0550

FEC ID number of contributing
federal political committee.

C C00067231

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 40619.C4697

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. AMERICAN ASSOC. OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVE, NE

City State Zip Code
 WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4715

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. KINDRED HEALTHCARE INC. PAC

Mailing Address 680 SOUTH 4TH STREET

City
LOUISVILLE

State Zip Code
KY 40202-2407

FEC ID number of contributing
federal political committee.

C C00242271

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 40716.C4702

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. AMERICAN COLLEGE OF RADIOLOGY ASSOC.

Mailing Address POLITICAL ACTION COMMITTEE
1891 PRESTON WHITE DR

City
RESTON

State Zip Code
VA 20191

FEC ID number of contributing
federal political committee.

C C00343459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4716

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. AMERICAN COLLEGE OF RADIOLOGY ASSOC.

Mailing Address POLITICAL ACTION COMMITTEE
1891 PRESTON WHITE DR

City
RESTON

State Zip Code
VA 20191

FEC ID number of contributing
federal political committee.

C C00343459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4709

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. LIFEPOINT HOSPITALS INC. GGFUND

Mailing Address 330 Seven Springs Way

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C C00347955

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 40716.C4703

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. CAPELLA HEALTHCARE GOVT AFFAIRS COMMITTEE

Mailing Address 501 CORPORATE CENTER DR, STE 200

City State Zip Code
 FRANKLIN TN 37067

FEC ID number of contributing
federal political committee.

C C00421420

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 40619.C4698

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. VERIZON COMMUNICATIONS INC.

Mailing Address GOOD GOVERNMENT CLUB
 1300 I ST, NW, 4TH FLR

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 40716.C4706

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. National Association of Broadcasters PAC

Mailing Address 1771 N Street NW

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00009985

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / **30** / **2014**

Transaction ID : 40716.C4713

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. American Academy of Dermatology Assn.

Mailing Address SkinPAC

1445 New York Avenue, NW

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00359539

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / **30** / **2014**

Transaction ID : 40716.C4711

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C. United Technologies Corporation PAC

Mailing Address 1101 Pennsylvania Avenue, NW

10th Floor

City State Zip Code
 WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00035683

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

06 / **30** / **2014**

Transaction ID : 40716.C4717

Amount of Each Receipt this Period

1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. FamMedPAC

Mailing Address 1133 Connecticut Avenue, NW
Suite 1100

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00411553

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4710

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. American College of Cardiology PAC

Mailing Address 2400 N Street, NW

City State Zip Code
WASHINGTON DC 20037-1153

FEC ID number of contributing
federal political committee.

C C00375360

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4714

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C. Universal Health Services Employees GGF

Mailing Address 367 South Gulph Road

City State Zip Code
KING OF PRUSSIA PA 19406-0958

FEC ID number of contributing
federal political committee.

C C00185520

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 40619.C4699

Amount of Each Receipt this Period

1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. CHS PAC

Mailing Address 4000 Meridian

City
FRANKLIN

State Zip Code
TN 37067

FEC ID number of contributing
federal political committee.

C C00485896

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : 40619.C4700

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. I-Vote Health of Iasis Healthcare Corp.

Mailing Address 117 Seaboard Lane
Building E

City
FRANKLIN

State Zip Code
TN 37067

FEC ID number of contributing
federal political committee.

C C00540435

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 40716.C4704

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. American Academy of Neurology BrainPAC

Mailing Address 201 Chicago Avenue

City
MINNEAPOLIS

State Zip Code
MN 55415

FEC ID number of contributing
federal political committee.

C C00435933

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : 40716.C4708

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. American Academy of Ophthalmology PAC

Mailing Address 1101 Vermont Avenue, NW
Suite 700

City State Zip Code
WASHINGTON DC 20005-3570

FEC ID number of contributing
federal political committee.

C C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : 40716.C4712

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Cruise Lines International PAC

Mailing Address 2111 Wilson Boulevard
Suite 800

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing
federal political committee.

C C00432393

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : 40716.C4721

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

42000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. HATCH VICTORY COMMITTEE

Mailing Address 228 S. WASHINGTON ST, #115

City State Zip Code
 ALEXANDRIA VA 22314-

FEC ID number of contributing
federal political committee.

C C00495564

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19313.43

Date of Receipt

06 / 30 / 2014

Transaction ID : 40716.C4722

Amount of Each Receipt this Period

4995.67

Transfers From Affil./Auth.

Full Name (Last, First, Middle Initial)

B. Thomas H. Shrager

Mailing Address 770 NE 36th Street

City State Zip Code
 BOCA RATON FL 33431-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tweedy, Browne

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 18 / 2014

Transaction ID : 40716.C4723

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]
 HVC

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4995.67

4995.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. E. H. MURRAY GROUP, LLC

Mailing Address 6510 ANNA MARIE COURT

City MC LEAN State VA Zip Code 22101-

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 16 2014**Transaction ID : 40716.E2889**

Amount of Each Disbursement this Period

9500.00

FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial)

B. The Larrison Group LLC

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027-

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 16 2014**Transaction ID : 40716.E2890**

Amount of Each Disbursement this Period

6500.00

FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial)

C. E. H. MURRAY GROUP, LLC

Mailing Address 6510 ANNA MARIE COURT

City MC LEAN State VA Zip Code 22101-

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 16 2014**Transaction ID : 40716.E2888**

Amount of Each Disbursement this Period

3434.75

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19434.75

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ORRINPAC

A. THE MONOCLE

Date of Disbursement

Transaction ID : 40716.E2893

Amount of Each Disbursement this Period

2349.20

[MEMO ITEM]

MEMO: PAC EVENT FUNDRAISER

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Orbitz Worldwide, Inc.

Date of Disbursement

MM / DD / YYYY



Transaction ID : 40716.E2894

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	811.00

[MEMO ITEM]

MEMO: AIRFARE

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. FedEx

Date of Disbursement

Transaction ID : 40716.E2895

Amount of Each Disbursement this Period

104.96

[MEMO ITEM]

MEMO: SHIPPING

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

Gender	Percentage
Male	0.00
Female	0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. PCI Payment Solutions

Mailing Address 902 Chinquapin Road

City
MC LEANState
VAZip Code
22102-Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : 40716.E2882

Amount of Each Disbursement this Period

30.00

CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial)

B. ARISTOTLE

Mailing Address 205 Pennsylvania Ave, SE

City
WASHINGTONState
DCZip Code
20003-Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : 40716.E2887

Amount of Each Disbursement this Period

575.00

SOFTWARE

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

605.00

20039.75

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Joni Ernst for US Senate Inc.

Mailing Address PO Box 93441

City	State	Zip Code
DES MOINES	IA	50393-

Purpose of Disbursement
GENERAL 2014

Candidate Name

JONI K ERNSTOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2014

Transaction ID : 40716.E2884

Amount of Each Disbursement this Period

5000.00

GENERAL 2014

Full Name (Last, First, Middle Initial)

B. Joni Ernst for US Senate Inc.

Mailing Address PO Box 93441

City	State	Zip Code
DES MOINES	IA	50393-

Purpose of Disbursement
PRIMARY 2014 DEBT

Candidate Name

JONI K ERNSTOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼
Primary Debt Retirem

State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : 40716.E2885

Amount of Each Disbursement this Period

5000.00

PRIMARY 2014 DEBT

Full Name (Last, First, Middle Initial)

C. Mississippi Conservatives

Mailing Address PO Box 2096

City	State	Zip Code
JACKSON	MS	39225-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2014

Transaction ID : 40716.E2886

Amount of Each Disbursement this Period

25000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. McFadden for Senate

Mailing Address PO Box 4039

City	State	Zip Code
SAINT PAUL	MN	55104-

Purpose of Disbursement
GENERAL 2014

Candidate Name

MICHAEL MCFADDEN

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : 40716.E2891

Amount of Each Disbursement this Period

5000.00

GENERAL 2014

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR COCHRAN

Mailing Address PO Box 7183

City	State	Zip Code
TUPELO	MS	38802-

Purpose of Disbursement
RUN-OFF 2014

Candidate Name

THAD COCHRAN

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: MS District: 00

Run-off 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : 40716.E2883

Amount of Each Disbursement this Period

5000.00

RUN-OFF 2014

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

45000.00
